

EXHIBIT C

Name of Debtor

USA Commercial Mortgage Co

Case Number

06-10725 LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

John P. Aquino & Lisa Aquino
2950 Cabrillo St
San Francisco, CA 94121-3532

Creditor Telephone Number (415) 387-4286

Last four digits of account or other number by which creditor identifies debtor

7213

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Check here if this claim

☐ replaces
☐ or
☐ amends

a previously filed claim dated _____

1 BASIS FOR CLAIM☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☒ Money loaned☐ Other (describe briefly)

Last four digits of your SS #: _____

Unpaid compensation for services performed from _____ to _____

(date)

(date)

2 DATE DEBT WAS INCURRED**3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM**

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.

UNSECURED NONPRIORITY CLAIM☐ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.**UNSECURED PRIORITY CLAIM**☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ _____

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☐ Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)**SECURED CLAIM**☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other _____Value of Collateral \$ 50,000.00Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 50,000.00**5 TOTAL AMOUNT OF CLAIM**\$ _____ (unsecured) \$ 50,000.00 (secured) \$ _____ (priority) \$ 50,000.00 (Total)☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on ~~November 13, 2006~~ Jan 07 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).BY MAIL TO
BMC Group
Attn: USACM Claims Docketing Center
P.O. Box 911
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO
BMC Group
Attn: USACM Claims Docketing Center
1330 East Franklin Avenue
El Segundo, CA 90245**THIS SPACE FOR COURT USE ONLY**

FILED JAN 16 2007

DATE

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

USA CMC



1072502372

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA COMMERCIAL MORTGAGE CO		Case Number 06-10725-LBR	
NOTE: See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		15,823.00 UNSECURED	
Name of Creditor and Address: 11321240000 261 WILLIAM DUPIN & PENNY DUPIN 545 COLE CIRCLE INCLINE VILLAGE, NV 89451		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case. <input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.	
Creditor Telephone Number () 775 831 9587		SVRB	
Last four digits of account or other number by which creditor identifies debtor		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS. If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____			
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries and compensation (fill out below) Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Other claims against services (not for loan balances)			
2 DATE DEBT WAS INCURRED. 3. IF COURT JUDGMENT, DATE OBTAINED			
4 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. UNSECURED NONPRIORITY CLAIM \$ 15,823.00 <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority. UNSECURED PRIORITY CLAIM <input checked="" type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ 15,823.00 Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) SECURED CLAIM <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief description of collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____ <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.			
5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED \$ 15,823.00 (unsecured) \$ (secured) \$ (priority) \$ (Total) <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
7 SUPPORTING DOCUMENTS. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 DATE-STAMPED COPY. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units). BY MAIL TO: BMC Group Attn: USACM Claims Docketing Center P.O. Box 911 El Segundo, CA 90245-0911		THIS SPACE FOR COURT USE ONLY USA CMC 1072501459	
DATE 12 NOV '06		SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) W. Dupin	
		FILED NOV 16 2006	

Name of Debtor USA Commercial Mortgage Co		Case Number 06-10725 LBR													
<p>NOTE See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</p> <p>Name of Creditor and Address: PAUL D GRAF AND MARGARET A GRAF 2530 GREAT HWY SAN FRANCISCO CA 94116-2613</p>		<p><input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.</p> <p><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.</p> <p><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.</p> <p>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.</p> <p>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.</p> <p>THIS SPACE IS FOR COURT USE ONLY</p>													
<p>Creditor Telephone Number (415) 661-2855</p> <p>Last four digits of account or other number by which creditor identifies debtor 6625</p>		<p>Check here <input type="checkbox"/> replaces a previously filed claim dated: _____ if this claim <input type="checkbox"/> or amends</p>													
<p>1 BASIS FOR CLAIM</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Goods sold</td> <td><input type="checkbox"/> Personal injury/wrongful death</td> <td><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</td> <td><input type="checkbox"/> Unremitted principal</td> </tr> <tr> <td><input type="checkbox"/> Services performed</td> <td><input type="checkbox"/> Taxes</td> <td><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</td> <td><input type="checkbox"/> Other claims against servicer (not for loan balances)</td> </tr> <tr> <td><input checked="" type="checkbox"/> Money loaned</td> <td><input type="checkbox"/> Other (describe briefly)</td> <td colspan="2"> <p>Last four digits of your SS #: _____</p> <p>Unpaid compensation for services performed from _____ to _____ (date) (date)</p> </td> </tr> </table>				<input type="checkbox"/> Goods sold	<input type="checkbox"/> Personal injury/wrongful death	<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)	<input type="checkbox"/> Unremitted principal	<input type="checkbox"/> Services performed	<input type="checkbox"/> Taxes	<input type="checkbox"/> Wages, salaries, and compensation (fill out below)	<input type="checkbox"/> Other claims against servicer (not for loan balances)	<input checked="" type="checkbox"/> Money loaned	<input type="checkbox"/> Other (describe briefly)	<p>Last four digits of your SS #: _____</p> <p>Unpaid compensation for services performed from _____ to _____ (date) (date)</p>	
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<p>2. DATE DEBT WAS INCURRED <u>4/29/05</u></p> <p>3 IF COURT JUDGMENT, DATE OBTAINED: _____</p>															
<p>4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>UNSECURED NONPRIORITY CLAIM \$ <u>4,074.49</u></p> <p><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.</p> <p>UNSECURED PRIORITY CLAIM</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim _____</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</p> </td> <td style="width: 50%; vertical-align: top;"> <p>SECURED CLAIM</p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).</p> <p>Brief description of collateral _____</p> <p><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p> <p>Value of Collateral \$ <u>15,823.13</u></p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)</p> <p><small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p> </td> </tr> </table>				<p>UNSECURED NONPRIORITY CLAIM \$ <u>4,074.49</u></p> <p><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.</p> <p>UNSECURED PRIORITY CLAIM</p> <p><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.</p> <p>Amount entitled to priority \$ _____</p> <p>Specify the priority of the claim _____</p> <p><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)</p> <p><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U.S.C. § 507(a)(4)</p> <p><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</p>	<p>SECURED CLAIM</p> <p><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).</p> <p>Brief description of collateral _____</p> <p><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____</p> <p>Value of Collateral \$ <u>15,823.13</u></p> <p>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____</p> <p><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7).</p> <p><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)</p> <p><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____)</p> <p><small>* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small></p>										
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<p>DATE <u>12/26/06</u></p>		<p>SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)</p> <p><u>PAUL D. GRAF</u> <u>Margaret A Graf</u></p>													

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		PROOF OF CLAIM	
Name of Debtor USA Commercial Mortgage Co		Case Number 06-10725 LBR	
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Name of Creditor and Address Nanci Graham 240 Upper Terrace #3 San Francisco CA 94117-4516		DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again. THIS SPACE IS FOR COURT USE ONLY	
Creditor Telephone Number 415 759-0505			
Last four digits of account or other number by which creditor identifies debtor		Check here <input type="checkbox"/> replaces a previously filed claim dated _____ if this claim <input type="checkbox"/> or amends	
1 BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal <input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances) <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____ Last four digits of your SS # _____ Unpaid compensation for services performed from _____ to _____ <div style="text-align: right;">(date) (date)</div>			
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6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			
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DATE		SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)	

USA CMC

1072502370

REC'D APR 25 2007

Wynn A. Gunderson-Creditor Identity # 6437
Lorraine Gunderson
33941 N. 67th Street
Scottsdale, Arizona 85262
Phone: (480) 575-8123
wynn@gpgnlaw.com

UNITED STATES BANKRUPTCY COURT

DISTRICT OF NEVADA

In re:) Case No. BK-S-06-10725-LBR
) Case No. BK-S-06-10726-LBR
USA COMMERCIAL MORTGAGE) Case No. BK-S-06-10727-LBR
COMPANY,) Case No. BK-S-06-10728-LBR
) Case No. BK-S-06-10729-LBR
USA CAPITAL REALTY ADVISORS, LLC,)
) CHAPTER 11
USA CAPITAL DIVERSIFIED TRUST DEED)
FUND, LLC,) Jointly Administered Under Case No. BK-S
) 06-10725-LBR
USA CAPITAL FIRST TRUST DEED FUND,)
LLC,)
)
USA SECURITIES, LLC)
)
)
Debtors,)
)
)
Affects:)
All Debtors)
USA Commercial Mortgage Company)
USA Capital Realty Advisors, LLC)
USA Capital Diversified Trust Deed Fund, LLC)
USA Capital First Trust Deed Fund, LLC)
USA Securities, LLC)

**AMENDMENT TO
PROOF OF CLAIMS FORMS**

The purpose of this proposed amendment to the subject Proofs of Claim Forms is to correct the amount of Claimant's secured claims. Claimants filed two Proofs of Claim Forms each listing the amount of the Claimants secured claims to be \$100,000 which was an error. The correct amount of the Claimant's secured claims should have been listed as \$170,979 plus unpaid interest.

FILED APR 19 2007



FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT		DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor SVRB		Case Number	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) McQuerry Family Trust		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent 707-537-1318 WILLIAM McQUERRY 318 SINGING BROOK CIRCLE SANTA ROSA, CA 95409-6483		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Telephone number			
Last four digits of account or other number by which creditor identifies debtor		Check here if this claim <input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim dated _____	
1 Basis for Claim			
<input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of your SS # _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2 Date debt was incurred 4/27/05		3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.			
Unsecured Nonpriority Claim \$ _____ <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim if any \$ _____	
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)		<input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
5 Total Amount of Claim at Time Case Filed \$ _____ (unsecured) (secured) (priority) 52,000 (Total)			
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.			THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.			
Date 1/10/07		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). William L. McQuerry, Trustee	

FILED JAN 12 2007



PROOF OF CLAIM

Name of Debtor:

USAC Commercial Mortgage Company

Case Number:

06-10725-LBR

NOTE: See Reverse for List of Debtors and Case Numbers.

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address:

11321241002977
 YOUNG JIN PARK AND SEJIN PARK
 4417 LOS REYES CT
 LAS VEGAS NV 89121-5345

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.
DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (702) 734-2027

Last four digits of account or other number by which creditor identifies debtor:

1228

Check here if this claim

☐ replaces
☐ or amends

a previously filed claim dated: _____

1. BASIS FOR CLAIM☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☒ Money loaned☐ Other (describe briefly)

Last four digits of your SS #: _____

Unpaid compensation for services performed from: _____ to _____

(date) (date)

2. DATE DEBT WAS INCURRED: 4-29-05**3. IF COURT JUDGMENT, DATE OBTAINED:****4. CLASSIFICATION OF CLAIM.** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations.

UNSECURED NONPRIORITY CLAIM \$
☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.
UNSECURED PRIORITY CLAIM
☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ _____

Specify the priority of the claim:

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
☐ Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).
SECURED CLAIM
☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral:

☒ Real Estate ☐ Motor Vehicle ☐ Other _____

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (____).

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM \$

\$ 15,823.13

AT TIME CASE FILED:

(unsecured)

(secured)

(priority)

(Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
6. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7. SUPPORTING DOCUMENTS:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8. DATE-STAMPED COPY:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO:
 BMC Group
 Attn: USACM Claims Docketing Center
 P. O. Box 911
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO:
 BMC Group
 Attn: USACM Claims Docketing Center
 1330 East Franklin Avenue
 El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

DATE

12/18/06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

[Signature] YOUNGJIN PARK

Qb-10728 LBL

☐ Check don't you are aware that anyone else has filed a similar claim relating to your claim. Attach copy of statement giving particulars.

Name of person: Robert J. [unclear]
 Address: 320 Crestlake Drive
San Francisco CA 94132-1321

☐ Check box if you have never received any notice from the bankruptcy court or BMC Group in this case

☐ Check box if this address differs from the address on the envelope sent to you by the court.

**DO NOT FILE THIS PROOF OF CLAIM FOR A
SECURED INTEREST IN A BORROWER THAT IS NOT
ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again

THIS SPACE IS FOR COURT USE ONLY

Cc: Mr. Tele. Rm. Number 448 682-7000

Last four digits of account or other number by which creditor identifies debtor

Check here ☐ replaces a previous / filed claim dated _____
if this claim ☐ amends

1 BASIS FOR \mathbb{R}^n

- ☐ Goods sold ☐ Personal injury/wrongful death
☐ Services performed ☐ Taxes
☒ Merger/acquired ☐ Other (describe briefly) _____
- ☐ Wages, salaries, and compensation (fill out below)
 Last four digits of your SS #: _____
 Unpaid compensation for services performed from _____ to _____
 (date) (date)
- ☐ Other claims against servicer (not for loan balances)

2. DATE JES1 WAS INCURRED

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for "POLITICAL"

[illegible]

- ☐ Check this box if a) there is no state or other securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority

UNSECURED PRIORITY CLAIM

- ☐ Check this box if you have an unsecured claim all or part of which is entitled to priority.
- Amount entitled to priority \$ _____
- Specify the priority of the claim _____
- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)
- ☐ Wages, salaries, or commissions (up to \$10,000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)
- ☐ Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)

SECURED CLAIM

- ☐ Check this box if your claim is secured by collateral (including a right of setoff)

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral \$ 31,646.74

Amount of arrearage and other charges at time case filed included in secured claim: any \$ _____

- ☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)
- ☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)
- ☐ Other. Specify applicable paragraph of 11 U.S.C. § 507(a), (____)

* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment

5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED	\$	31,646.74	\$		\$
		(Unsecured)		(Secured)	(Total)

- ☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7 SUPPORTING DOCUMENTS *Attach copies of supporting documents*, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. **DO NOT SEND ORIGINAL DOCUMENTS.** If documents are not available, explain. If the documents are voluminous, attach a summary.

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2008 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

Government Printing Office
BY MAIL TO
BMC Group
Attn: USA/CM Forms Duckering Center
P. O. Box 411
El Segundo, CA 90245-5111

BY HAND OR OVERNIGHT DELIVERY TO
RMC CLOJ.
Attn: USACM Claims Docketing Center
1030 East Bank Avenue
San Jose, CA 95125

FILED JAN 16 2007

DATE _____ SIGN and print the name and title of any or the creditor or other person authorized to file

DATE 19/07 SIGN and print the name and title of any of the creditor or other person authorized to file this claim (and sign of power of attorney, if any)
Patrick M Skain and Saw Lim-Skain

USA CMC



1072502396

